



HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
SAUNDERS,	Harry	A.	808/548-4863
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			808/548-2975
(City)	(State)	(Zip Code)	
Mililani, HI 96789			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
n/a			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Castle & Cooke Resorts, LLC	808/548-4811	
MAILING ADDRESS (Street)	FAX	
P.O. Box 898900	808/548-2975	
(City)	(State)	(Zip Code)
Mililani, HI 96789		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Harry A. Saunders	808/548-4863	
MAILING ADDRESS (Street)	FAX	
P.O. Box 898900	808/548-2975	
(City)	(State)	(Zip Code)
Mililani, HI 96789		

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Richard K. Mirikitani

Vice President & Secretary

NAME OF ORGANIZATION (if applicable)

Castle & Cooke Resorts, LLC

TELEPHONE

808/548-4811

MAILING ADDRESS (Street)

P.O. Box 898900

FAX

808/548-2975

(City)

(State)

(Zip Code)

Mililani, HI 96789

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)